UTILITY PATENT APPLICATION

Attorney Docket No. J2167.0459 First Inventor Diane O'boyle

TRANSMITTAL	Title	A SYSTEM AND METHOD FOR MANAGING DATA PRIVACY						
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Expres	ress Mail Label No. EV 059554631 US						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co	ntents.	MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
(preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	ansmittal Form (e.g., PTO/SB/17) an original, and a duplicate for fee processing) ant claims small entity status. 7 CFR 1.27. cation							
6. Application Data Sheet. See 37 CFR 1.76		Applicant must attach form PTO/SB/35 or its equivalent. 7. X Other: Unsigned Declaration/Power of Attorney						
8. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied inder Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by seference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
		NDENCE ADDRESS						
Customer Number:		OR X Correspondence address below						
DICKSTEIN SHAPIRO MORIN Michael J. Scheer 1177 Avenue of the Americas	& OSI	HINSKY LLP						
41st Floor								
City New York Sta		NY Zip Code 10036-2714						
	ephone	(212) 835-1400 Fax (212) 997-9880						
Name (Print/Type) Michael J Schefr Signature Michael J Schefr	· Sc	Registration No. (Attorney/Agent) 34,425 Date September 17, 2003						
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 059554631 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: September 17, 2003 Signature. Signature. Signature.								

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

First Named Inventor

Examiner Name

Not Yet Assigned

Art Unit

N/A

Application Number

Filing Date

Complete if Known

Not Yet Assigned

September 17, 2003

(Michael J. Scheer)

TOTAL AMOUNT OF PAYMENT (\$) 948.00						Attorney Docket No. J2167.0459								
METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)								
Check X Credit Money Other None							3. ADDITIONAL FEES							
Deposit Account:														
Deposit					Large Entity Small Entity									
Account Number			50-2215			Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Desc	cription	Fee Paid	
Deposit Account	Dic		in Shapiro		$\overline{}$	1051	130	2051	65	Surcharge	- late filing fe	ee or oath		
Name Oshinsky LLP							50	2052	25		- late provisi	onal filing fee or cover		
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	e fee(s) ind			_	overpayments	1053	130	1053	130	Non-Englis	sh specificatio	on		
X Charge applica		lional te	ee(s) during the	pendency of	this	1812	2,520	1812	2,520	For filing a	For filing a request for ex parte reexamination			
Charge	e fee(s) ind	dicated	below, except	for the filing	fae	1804	920*	1804	920*	Requesting Examiner a		of SIR prior to		
			osit account.			1805	1,840*	1805	1,840*	D				
		FEE (CALCULAT	rion		1251	110	2251	55	•	Extension for reply within first month			
1. BASIC						1252	410	2252	205	Extension f	for reply within	n second month		
Large Entity		Entity				1253	930	2253	465	Extension f	for reply within	n third month		
Fee Fee Code (\$)	Fee Code	Fee (\$)	_ Fee Des	scription	Fee Paid	1254	1,450	2254	725	Extension t	for reply within	n fourth month		
1001 750	2001	375	Utility filing	fee	750.00	1255	1,970	2255	985	Extension for reply within fifth month				
1002 330		165	Design filing	g fee		1401	320	2401	160	Notice of A				
1003 520		260	Plant filing f			1402	320	2402	160	Filing a brie				
1004 750		375		-		1403	280	2403	140		r oral hearing			
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		SUB	TOTAL (1)	(\$)	750.00	1452	110	2452	55 650		revive – unav		<u> </u>	
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2. EXIKA	CLAIN	litte	S FOR UTI Extra	ILITY AND Fee from		1501	1,300	2501	650	Utility issue fee (or reissue)			 	
Tatal Claims		-20**	Claims	below	Fee Paid	1502	470	2502	235	Design issue fee				
Total Claims Independent	=			18.00	198.00	1503	630	2503	315	Plant issue fee				
Claims		-3** =	⁼└──┘×┝	=	0.00	1460	130	1460	130	Petitions to the Commissioner			<u> </u>	
Multiple Depe	endent I		L	=	:	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)				
Large Entity Fee Fee						1806	180	1806	180		Submission of Information Disclosure Stmt			
Fee Fee Code (\$)	Fee Code	Fee (\$)	<u>Fe</u>	e Descriptio	<u>in</u>	8021	40	8021	40	Recording each patent assignment per property (times number of properties)				
1202 18	2202		Claims in exce			1809	750	2809	375	Filing a sub	mission after	final rejection		
1201 84	2201		Independent of			1910	750	2010	275	(37 CFR 1. For each at	129(a)) dditional inver	ntion to be	\vdash	
1203 280	2203		Multiple deper	-	•	1810	750	2810	375	examined (37CFR 1.129)(b))		
1204 84	2204	42	** Reissue ind over origina		aims	1801	750	2801	375		est for Continued Examination (RCE) est for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20				1802	900	1802	900	of a design		amination				
			and over or	riginal patent		Other f	Other fee (specify)							
SUBTOTAL (2) (\$) 198.00 **or number previously paid, if greater; For Reissues, see above						*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)							
SUBMITTED BY											(Complete	(if applicable))		
							ation No	34	125		T		-	
(Allomey/Agent)							releptione	(212) 896-5472						
Signature Date September 17,									2003					

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Dated: September 17, 2003

Signature: